



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 10, 2022

Lisa Springett  
30744 White Oak Dr  
Bangor, MI 49013

RE: License #: AS800386223  
Eiraina Adult Foster Care  
30744 White Oak Drive  
Bangor, MI 49013

Dear Lisa Springett:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS800386223
<b>Licensee Name:</b>	Lisa Springett
<b>Licensee Address:</b>	30744 White Oak Dr Bangor, MI 49013
<b>Licensee Telephone #:</b>	(269) 217-9359
<b>Administrator:</b>	Lisa Springett
<b>Name of Facility:</b>	Eiraina Adult Foster Care
<b>Facility Address:</b>	30744 White Oak Drive Bangor, MI 49013
<b>Facility Telephone #:</b>	(269) 217-9359
<b>Original Issuance Date:</b>	06/21/2017
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 5/25/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 4  
No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A  If no, explain.
- Water temperatures checked? Yes  No  If no, explain.  
The water temperature was measured to be 116 degrees Fahrenheit.
- Incident report follow-up? Yes  No  If no, explain.  
There were no any incident reports that required a follow up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.14205** Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

There was no documentation within employee files to verify staff members Glenbee Tillery and Diana Kindig had updated tuberculosis screenings completed.

**R 400.14301** Resident care agreement;

**(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.**

Resident A did not have an annual resident care agreement completed. The most recent resident care agreement was completed and signed on 1/1/21.

**R 400.14316** Resident records.

**(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:**

**(d) Health care information, including all of the following:**

**(i) Health care appraisals.**

Resident B did not have an annual health care appraisal completed. The most recent health care appraisal was completed and signed on 1/17/21.

**R 400.14505**      **Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.**

**(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:**

**(b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment.**

There was not a smoke detector located on the second floor of the home.

#### **IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification is recommended.

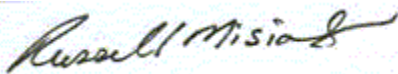


5/31/2022

---

Kristy Duda  
Licensing Consultant

Date



6/10/22

---

Russell Misiak  
Area Manager

Date